AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Kota Ishibiki						Docket No. 17235	
Application No.	Filing Date	Examiner		Customer N	10.	Group Art Unit	Confirmation No.
10/706,188	November 11, 2003	Sean Everett Conle	e <b>y</b>	23389		1797	6116
Invention: MEDICAL EQUIPMENT AUTOCLAVING SYSTEM, MEDICAL EQUIPMENT AUTOCLAVE, AND MEDICAL EQUIPMENT AUTOCLAVING METHOD							
COMMISSIONER FOR PATENTS:							
Transmitted herewith is an amendment in the above-identified application.							
The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAINING	HIGHEST#	NUMB	ER EXTRA		ra o Tre	ADDITIONAL
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT		RATE	FEE
TOTAL CLAIMS	23 -	23 =		0	х	\$50.00	\$0.00
INDEP. CLAIMS	4 -	4 =		0	х	\$210.00	\$0.00
Multiple Dependent Claims (check if applicable)							\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00							
Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 191013 Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Dated: August 13, 2008  Thomas Spinelli Registration No.: 39,533  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CPR 1.8(a)] on (Date)							
CC:  Signature of Person Mailing Correspondence  Typed or Printed Name of Person Mailing Correspondence							